United Nations ST/IC/2001/43/Add.1

Secretariat

7 February 2002

Information circular*

To: Members of the staff

From: The Under-Secretary-General for Management

Subject: **Official travel**

Addendum

1. The purpose of the present addendum is to draw the attention of the staff to the recent simplification of the procedure to be followed for requesting a standard of accommodation higher than that authorized under normally applicable rules owing to the special circumstances of the staff member, such as a certified medical condition.

2. Administrative instruction ST/AI/2002/2 amended section 4.5 of administrative instruction ST/AI/2000/20 to specify that such requests must be made by submitting form TTS.3,[1] a sample of which is annexed to the present addendum.

3. Completed form TTS.3 should be submitted by the appropriate executive or administrative office to the Under-Secretary-General for Management well in advance of the proposed travel.

* The present circular will be in effect until further notice.

[1] Form available by clicking on "Forms" under "Quicklinks" on the Intranet home page.

02-24622 (E) 190202

Annex

UNITED NATIONS	NATIONS UNIES	REQUEST FOR EXCEPTION TO THE STANDARDS OF ACCOMMODATION FOR AIR TRAVEL

This form should be submitted well in advance of travel to the Under-Secretary-General for Management, Room S-2700A or by facsimile (212) 963-8424. All fields are mandatory.

I. To be completed by the executive/administrative office

Signature:	*Room no.:*
From:	*Tel. no.:*
Title:	*Fax no.:*
Office/Dept./Org.:	

II. Exception requested

☐ *First class*	☐ *Prominent person donating services*	☐ *Medical condition (Please submit this form along with a detailed medical report directly to the Director Medical Services Division, OHRM, S-0564 or by facsimile (212) 963-4925)*
☐ *Business class*	☐ *Regular standard not available*	
	☐ *Eminent person (i.e., level of Head of State)*	
	☐ *Arduous journey*	

III. Traveller's information (Please submit one form for each traveller. Requests are reviewed on an individual basis.)

Last name:	*First name:*	☐ *Staff member* ☐ *Non-staff member*
Title:	*Organization:*	

Purpose of travel (Please indicate what meetings will be attended and/or what work will be undertaken):

Itinerary:	*Check if travel time exceeds nine hours:* ☐	*Dates of travel:*

IV. Reason for exception

Reason exception is being requested (Please be specific, i.e. indicate the leg(s) of the trip for which an exception is being requested, whether alternative flights or dates are available and/or what services, if any, are being provided without receiving remuneration):

V. Cost of travel

Cost as per regular entitlement:	*Excess cost of exceptional use of higher class:*

For official use

Recommendation of Medical Services Division: ☐ **Support** ☐ **Do not support**	*Decision of the Under-Secretary-General for Management:* ☐ **Approved** ☐ **Not approved**
Signature:	
Name:	
Title: *Date:*	*Signature:* *Date:*

TTS.3 (1-02)-E